

May 9, 1969

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Dear Dr. Silver:

I tried to call you today to see just where the preparation of the reports stood, but finding you out at the time I will go ahead and introduce some comments anyhow.

I did not find any newer versions of the environment report in the package you sent on April 24, and therefore have no idea where it stands at the moment.

I was rather upset at the tone of the Health Manpower and Health Financing reports which seems to me quite misplaced for a document which is intended to enlist the cooperation of a wide variety of groups. They rather sound like a campaign oratory against "the privileged classes" and I do not think this serves any constructive purpose. The Health Manpower report makes aggressive and in my own opinion partly misplaced attacks on present patterns of medical education as well as the medical profession. The Health Financing report seems to be more preoccupied with the problem of progressive taxation than with the immediate issue of obtaining financing for health care. I can understand the political platforms and the overall sense of social grievance that motivates this kind of tone but I hope it will be filtered out of the report before it is published.

I'm a little puzzled about the way in which my own name will be used in connection with the overall document and I would have to say that I would have to withhold my signature if there were any confusion about the possibility that I endorsed the matters just mentioned.

The word "disinterested" is used many times in what I believe is an incorrect and possibly misunderstood meaning. Disinterested should be distinguished from uninterested, indifferent, or disaffected.

I am particularly irritated by the reference on page 5 of the Health

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Manpower subsection report for its attack on research. This kind of negative comment can serve no useful purpose whatsoever: it clearly will not help to improve funding for a wider distribution of health care but it may provide ammunition for Congressmen who would just as soon turn their back on the entire matter. The whole problem as outlined on page 5 is a gross misstatement. I certainly do go along very enthusiastically with the suggestions for introducing a further tier of professional training in health and I would give my deepest support to proposals to examine and attack the legal and administrative barriers you refer to. I also agree that it is very important that we have channels for graduation from one tier to the next without necessarily going through the formalities of academic training in much the same sense that commissioned officers can often be found from the non-commissioned and warrant officer cadre.

The view that physicians today are overtrained, which was expressed in one of the comments on the draft, is hard to square with the uneven distribution of physicians' competence in the evaluation of new drugs. It seems to me perfectly obvious that we have to maintain a cadre of physicians whose training is if anything more solidly based on fundamentals at the present time and then undertake the very badly needed additional measures by which that kind of training can have greater leverage and more useful impact on population needs.

The same kind of remarks apply to research. It is painfully obvious that there are many areas where further research is very badly needed if we are to have a wide allocation of our intellectual and material resources. These points are very beautifully brought out in the draft on nutrition and on "Organization and Delivery of Health Services" which I found to be far better examples of the kind of document that we are striving for than the other drafts here and above mentioned.

A final point: the draft on "Health Care Facilities ... group practice programs" makes a statement on page 3 "Given the continuing decline in the quality of health care services in American cities". I wonder if that statement in its present form is true and can be documented. I am by no means trying to defend the existing apparatus of health care but are we not talking about a growing discrepancy in relative rather than in absolute terms? Was urban health care really any better twenty or forty years ago than it is at the present time? I would rather have this dis-

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cussion settled now than have it remain as a continuing irritation in selling the constructive proposals forwarded by the report later on.

Yours sincerely,

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Professor of Genetics

JL/jd